

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

**Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)**

11/13/04

IN FULL (PUSB6)

Application Number

**Filing Date**

Applicant(s)

• May be used for additional claims or amendments

CLAIMS	AS-FILED		BEFORE FIRST AMENDMENT		AFTER SECOND AMENDMENT		SEARCHED FOR ADDITIONAL CLAIMS OR AMENDMENTS			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
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50							100			
Total Indep	3						Total Indep	3		
Total Depend	50						Total Depend	50		
Total Claims	55						Total Claims	55		

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